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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )  
)  
YAMAMOTO et al. )  
) Art Unit 1634  
Application Number: 10/784,227 )  
) Examiner  
Filed: February 24, 2004 ) Forman, Betty J.  
)  
For: MICROARRAY, METHOD FOR PRODUCING THE )  
SAME, AND METHOD FOR CORRECTING INTER-PIN )  
SPOTTING AMOUNT ERROR OF THE SAME )  
)  
Attorney Docket No. HIRA.0133 )

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	2	2	xx (Over 20)	x \$50	0
Independent Claims	1	1	xx (Over 3)	x \$200	0
Multiple Dependent Claim(s)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x 1/2	
				TOTAL	0

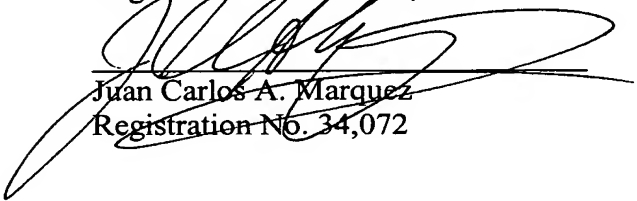
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |  |   |
|--|---|
| [ x ] Response to Office Action<br>(with Claim Amendments) | [ ] Petition for Extension of Time (___ months) |
| [ ] Substitute Specification                               | [ ] Terminal Disclaimer                         |
| [ ] Preliminary Amendment                                  | [ ] ___ sheets of replacement<br>drawings       |
| [ ] Information Disclosure Statement                       | [ ] Other _____                                 |

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ ] A check in the amount of **\$0.00** to cover the \_\_\_\_\_ month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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